

Chairman Byron L. Dorgan

Opening Statement

September 28, 2010

**In Critical Condition: The Urgent Need to Reform the Indian
Health Service's Aberdeen Area**

Today, we will hold an oversight hearing entitled, "In Critical Condition: The Urgent Need to Reform the Indian Health Service's Aberdeen Area."

Over two months ago, I began a formal investigation of the IHS' Aberdeen Area. I initiated this investigation after years of hearing about poor performance and mismanagement within the Area. The investigation focused on facilities operated by the IHS over the past 5 years. Today's hearing will discuss some of our initial findings and what the agency is doing to address the problems.

Many of the allegations heard through the years were substantiated in this investigation. The Committee found -

- Increasingly high numbers of Equal Employment Opportunity complaints and other workforce grievances;
- Transfers and administrative leave commonly being used as a remedy for problem employees;
- Doctors and nurses treating patients with expired licenses and certifications;

- Several facilities on the brink of losing their accreditation or certification;
- Frequent diversion of health care services, and substantial amounts of missing or stolen narcotics;
- Questionable management of Contract Health Service funds; and,
- Mismanagement of billing Medicare, Medicaid or private insurers.

I know these problems are not new, and in fact, have festered for decades. IHS Director Dr. Roubideaux and Aberdeen Area Director Charlene Red Thunder inherited many of these problems, and only had a short time to address them.

However, I believe it will take more than the two Directors to make significant change to the system. It is my hope that Secretary Kathleen Sebelius makes improving the Indian Health Service a priority during her tenure.

Let me say that there are clearly many dedicated, hard-working employees in the Aberdeen Area. Lives are being saved thanks to their commitment and good work.

However, there are also poor performing employees in the system. And I am concerned that these problem employees are being allowed to wreak havoc and demoralize those who fight so hard to provide quality health care to our First Americans.

There were instances of employees working under impaired conditions, possibly under the influence of alcohol. In one horrendous incident, a nurse was found to be assisting a c-section in such an impaired state that she couldn't even hold the patient's skin together for staples. This Nurse kept her job.

In 2002, the former Service Unit Director of the Quentin Burdick Memorial Hospital was found by the Office of Inspector General to have a pattern of "mismanagement, discrimination, and retaliation against employees resulting in grievances and unwarranted civil suits." These civil suits cost the Agency over \$106,000. Despite this, the Service Unit Director did not receive a demotion or suspension. He was reassigned to the Aberdeen Area Office and then retired 7 years later in 2009.

Sadly, the Committee found many more stories just like this one - employees repeatedly engaging in bad behavior or even illegal activity, facing little or no disciplinary action. Instead, administrative leave or transferring employees is the solution.

The Committee found that 176 employees in the Aberdeen Area were placed on paid administrative leave between 2005 and 2010 for a period of time totaling over 8 years.

As you can see from this chart, the average length of administrative leave at 3 facilities in the Aberdeen Area was 3 weeks to over a month.

The Committee found that in some cases, a single individual was placed on leave for over 8 months due to a pending investigation. I simply do not understand why the Federal government would pay this employee to stay at home for over 8 months.

Also, the number of Equal Employment Opportunity complaints within the Aberdeen Area has significantly increased in the past 5 years. This chart shows the number of complaints filed against the agency by employees in the Aberdeen Area for the last decade. As you can see, the number of complaints has increased dramatically. Although these complaints are technically against the Agency, they always involved actions by specific employees.

Even worse, the number of complaints filed in the Aberdeen Area by July of this year has already surpassed the number filed for the entire Agency in 2009. Clearly the problem is not getting better.

Additionally, 5 agency facilities in the Aberdeen Area are at risk of losing their accreditation. If accreditation is lost, these facilities will be unable to bill Medicaid, Medicare, or other insurers for services provided.

Finally, these problems also result in diverted health care services, where a facility is no longer able to provide a service and must send a patient to an outside facility to obtain care.

This chart shows three facilities in the Aberdeen Area that have recurring diverted or reduced services. From 2007 to 2010, the Quentin Burdick Hospital in North Dakota diverted or reduced services for 388 days. This means that 45% of the time patients could not receive inpatient services at the hospital.

The Rapid City IHS Hospital and Eagle Butte Service Unit also had hundreds of days of reduced or diverted services in the past 3 years.

The result of all these issues are summed up well in the following statement from an internal Agency document referring to its hospital in Rapid City, South Dakota.

“If a patient needs to be seen today, they must start calling in daily at 8 a.m. to try to secure an appointment time; if the line is

busy they must keep trying. Like a radio station giving away a prize if the patient is lucky they would secure an appointment.”

Scheduling a medical appointment should not be like trying to win the lottery.

Lastly, I want to put up a picture of Ta’Shon Rain Littlelight, a young girl I have told a story about many times.

- Ta’Shon Rain Littlelight: At an Indian Affairs Committee hearing held on the Crow Reservation in Montana, the grandmother of this beautiful 5-year-old girl told the story of Ta’Shon Rain Littlelight.

In mid-2006, Ta’Shon was taken numerous times to the Crow’s Indian Health Service Clinic for health services. She was being treated for depression. After 4 months, she was finally diagnosed with an untreatable, incurable form of cancer. The child lived for another 3 months in unmedicated pain. She died in September, 2006.

Ta’Shon’s one wish was to visit Cinderella’s castle at Walt Disney World. Sadly she died the day before her wish could be granted.

I am convinced that without immediate attention and long-standing corrective action, health care for our First Americans will not get better but only worse.

It will take Secretarial-level action, and help from Congress, to fix these problems.